

First-tier Tribunal General Regulatory Chamber Transport

Office stamp
(date received)

Notice of Appeal

Use this form to appeal against a decision of the Registrar for Approved Driving Instructors

And you must: (1) Enclose a copy of the **decision** letter
(2) Clearly state your **Grounds of Appeal**
(3) Clearly state reasons if your appeal is out of time

Please If completing by hand use black ink and complete the form in **CAPITALS**.
Use another sheet of paper if there is not enough space for you to say everything.
(Please put your name at the top of the sheet.)

A

About the appellant

Reference number (if any)

Title

Mr ☐

Mrs ☐

Miss ☐

Ms ☐

Other

Surname

Other names

Address

Telephone
number

Email address

Do you have a representative? ☐ No ☐ Yes

If yes please give your representative's details below

Name of representative

Organisation (if any)

Address

Telephone number

Email address

B About the respondent's decision

Please give the following details

Date of Decision letter

ADI/PDI Registration number (if applicable)

C Reasons for any delay in appealing

Have you appealed within the time allowed by the decision? ☐ No ☐ Yes

If the answer to the above question is 'no', please apply for an extension of time by giving your reasons for the delay here

If you want to say more, please use another sheet of paper

D**Reasons for appealing**

Please clearly state your **grounds for appeal**. Continue on a separate sheet if necessary.

If you want to say more, please use another sheet of paper

E**Stay of decision (suspension of decision until appeal is decided)**

Do you want to apply to the Tribunal for the decision to be stayed pending the outcome of the appeal? ☐ No

☐ Yes

F**Declaration**

I appeal against the decision of the Registrar for Approved Driving Instructors.

I accept responsibility for the conduct of the case.

I authorise my representative named in **Part A** above to act on my behalf in all proceedings before the Tribunal.*

(* Delete if you have no representative or you are a solicitor filling in this form on behalf of a client)

Applicant's/appellant's
signature

Date

After completing this form please do one of the following.

- Email it to GRC@hmcts.gsi.gov.uk
- Fax it to 0870 739 4114 or
- Post it to

The General Regulatory Chamber
PO Box 9300
Leicester
LE1 8DJ

You MUST enclose the following documents with this form

- A copy of the letter which contains the decision you are appealing
- Your Grounds of Appeal (if a separate document)
- If necessary, an explanation and reason for appealing out of time

If you do not send these documents your appeal may be delayed or not be admitted.

The office will let you know when they have received this form. Contact the office if you are not told within a week that the form has been received.